

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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**NAME:** AMERICAN SAMOA POWER AUTHORITY  
**ADDRESS:** UNKNOWN  
PAGO PAGO, AS 96799  
**FACILITY:** TAFUNA WWTF  
**LOCATION:** UNKNOWN  
PAGO PAGO, AS 96799  
**ATTN:**FA'I MAREKOY

AS0020010	001Q
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

**DMR MAILING ZIP CODE:** 96799  
MAJOR

DISCHARGE 001/QUARTERLY  
External Outfall

MONITORING PERIOD							
FROM				TO			
YEAR	MO	DAY		YEAR	MO	DAY	
06	04	01		06	06	30	

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease	<b>SAMPLE MEASUREMENT</b>	*****	*****		*****						
03582 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	DISCRT
Static 20Min Chronic Strongyl. Purpuratus	<b>SAMPLE MEASUREMENT</b>	*****	*****		*****						
TTS3L 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	tox chronic		Quarterly	COMP24
Static 20Min Chronic Dendraster Excentri	<b>SAMPLE MEASUREMENT</b>	*****	*****		*****						
TTS3N 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	tox chronic		Quarterly	COMP24

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>		
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>YEAR</b>	<b>MO</b>
<b>TYPED OR PRINTED</b>						

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**  
FOR TTS3L OR TTS3N USE THE APPROPRIATE NODI CODE IF NOT REPORTING.